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**CONFIRMATION NO. 7499**

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

✓ This application is a CIP of 09/452,477 12/01/1999 PAT 6,622,051  
 and is a CIP of 09/666,931 09/21/2000 PAT 6,529,776

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 17	TOTAL CLAIMS 130	INDEPENDENT CLAIMS 13
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## TITLE

APPARATUS AND METHOD FOR COUPLING THERAPEUTIC AND/OR MONITORING EQUIPMENT TO A PATIENT

FILING FEE  RECEIVED 2152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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